

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L54924 (0)

1. Corporation Name

NATURALLY YOU, INC.



Principal Place of Business

Mailing Address

20490 SUGARLOAF MTN RD  
CLERMONT FL 34711

20490 SUGARLOAF MTN RD  
CLERMONT FL 34711

2. Principal Place of Business

2a. Mailing Address

21 3419 BROOKWATER CIRCLE

26 3419 BROOKWATER CIRCLE

Suite, Apt. #, etc

Suite, Apt. #, etc

22 ORLANDO FL

27 ORLANDO FL

City & State

City & State

23 32822 USA

28 32822 USA

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALDWELL, WENDY  
20490 SUGARLOAF MTN RD  
CLERMONT FL 34711

81 Name HENRIETTA SMITH

82 Street Address (P.O. Box Number is Not Acceptable)  
3419 BROOKWATER CIRCLE

83 ORLANDO

84 City

FL 85 Zip Code 32822

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Henrietta Smith

HENRIETTA SMITH, PRESIDENT (PD)

7-3-96

(Signature typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent's signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME CALDWELL, WENDY  
STREET ADDRESS 20490 SUGARLOAF MTN RD  
CITY - ST - ZIP CLERMONT FL

1.1 TITLE PRESIDENT (PD)  
1.2 NAME HENRIETTA SMITH  
1.3 STREET ADDRESS 3419 BROOKWATER CIRCLE  
1.4 CITY - ST - ZIP ORLANDO FL 32822

TITLE ST  
NAME CALDWELL, JAMES M III  
STREET ADDRESS 20490 SUGARLOAF MTN RD  
CITY - ST - ZIP CLERMONT FL

2.1 TITLE ST  
2.2 NAME DWEL SMITH  
2.3 STREET ADDRESS 3419 BROOKWATER CIRCLE  
2.4 CITY - ST - ZIP ORLANDO FL 32822

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Henrietta Smith (HENRIETTA SMITH), PD 7/3/96 (401) 6584412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)